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PSYCHOLOGY OF PATIENTS WITH ONCOLOGICAL DISEASES

Abstract: From year to year, the incidence of oncological diseases among the population is growing rapidly. Oncological diseases are observed in all organs of the human body. It frightens people because of the fact that these diseases often end in death. And patients who have heard about the presence of an oncological disease in themselves are in severe mental anguish.

Key words: oncological disease, genetic, radiologist, brain tumor, Consilium, tumor, MRI, MCT, mammography, elastography, treatment with light, narcotic analgesic, malignant tumor, safe tumor, depression, ipohondria, hysteria, insomnia, ocularization, cachexia, leukemia.

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Introduction

Today, oncological diseases are the first in the world in terms of mortality and disability, and the second in some states. Specialists of all directions of activity in the field of Medicine will have to work in their practice with malignant tumors. Because oncological diseases are three in almost all organs of the human body. In the fight against oncological diseases, not only medical personnel, but also biologists, geneticists, chemists, physicists, radiologists and specialists working in several directions of such science are involved.

Materials and Methods

The aspirations of scientists made it possible to achieve great achievements in the field of early detection and treatment of oncological diseases[1].

In addition to all the above examinations, it would be necessary for the patient to be seen by a neurologist, otoneurologist, oculist, psychiatrist and give his own conclusions. Based on the conclusions of these specialists, or with their participation, a consortium was conducted, and after that, a consensus was reached on whether there was a tumor in the head brain or not. This means that the patient could not detect a brain tumor without going to the hospital and doing so many examinations. This means that for an

accurate diagnosis of one patient, almost 10 doctors would have to work for at least 10 days. And yet, each day lost to inspections is equal to each day lost to start treatment early. During these days, most of the doctors ' Behavior found out that patients were looking for a tumor in themselves, which was a great psychological test for the patient and his loved ones. What now? Now almost an hour of time is enough to determine whether the patient has a brain tumor, that is, the time he went to MRI (magnetic resonance imaging) or MCT (multispectral computed tomography) examinations.

Of course, the meticulous examination and mutual consultation of several specialists in one patient increases the clinical picture of the doctor, the skill of the doctor, who communicated with several colleagues, was even higher. However, both those times and now the doctor's goal was the only one, after which it remains the same. This is also the early detection of the diagnosis and early initiation of treatment[2].

It should be mentioned here that " modern methods of verification, such as MRI, MCT, mammography, elastography, are priceless checks, but the emergence of which makes doctors lazy, they are not working on their own, " there are opinions. Does this situation prevent the formation of clinical

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thinking in doctors who are now taking steps in medicine? This question can also be answered "yes", and "no". Let's analyze the same problem with an example of Neurology. Because, in Neurology, the importance of topographic diagnostics in determining the clinical diagnosis is very great. If the neuropathologist, without examining the patient's neurological status, sends him to an MRI or MCT examination, then of course, the development of clinical vision may lag behind. If he sends the patient to an examination and then an MRI, MCT, examination, of course his clinical vision will develop. Because he will find out whether the diagnosis is correct or wrong. He searches for the causes of his error, where he will find out what kind of shortcomings he has made. He will examine the patient again and compare the signs he has checked himself with the furnace found on MRI. So, modern methods of verification can only improve the skills of the doctor, and this depends on how the doctor uses these checks.

It is not surprising that we start talking about the psychology of patients with oncological diseases with situations associated with the diagnosis of a brain tumor. Because, unlike tumors located in other organs of the body, the tumors of the brain itself cause a number of mental disorders. In addition, a tumor is detected in the brain and the patient, knowing that it can be treated surgically, falls into a severe mental state. Because the saying goes about the brain! So here the task of the doctor is to alleviate the psychological tension associated with these treatments, and not a psychologist with this issue, it is necessary to deal with exactly the neurosurgeon himself. Although the operation is complicated, then it is necessary to explain to the patient the neurosurgeon himself, in which the patient's condition improves significantly and relieves him of the suffering.

Invited to the neurosurgery center or department, a psychologist should not only identify and treat mental disorders caused by tumors in the patient, but also actively participate in the preparation of the patient for surgery in cooperation with neurosurgeons and in the treatment processes from the operation to the last period[3].

It is known that a patient with a malignant tumor is detected, as far as possible, should be aware of the presence of this disease in it. How does the doctor behave in such situations. Usually, it is said that "you really have a tumor detected, but it is safe, that is, it does not risk your life, it can be treated." But the doctor should tell his relatives that the patient has a dangerous type of tumor. The fact is that sooner or later the patient will learn about his illness from relatives, or not, he will notice from the behavior of doctors, from the communication he has with the patient. Here, especially nurses should be very careful. Because the patient sometimes tries to find out the truth from the nurses by deceiving them, and it turns

out that this is also true. Every medical professional should remember that there is a legal responsibility for this. Legal responsibility can be of different types: from dismissal to deprivation of Liberty. Because the patient, knowing that he has a dangerous ill, can commit suicide. Sometimes the patient leaves a letter to a loved one and there also indicates from whom he knows the secret. In some cases, the patient learns his illness from the patients. Therefore, doctors should not tell a second patient about the illness of another patient. A patient who knows the secret may have severe resistance to treatment, abandon treatment and leave the hospital or cause a great deal of distress in the treatment business[4].

As a rule, in a patient with a secret, initially a mental hangover occurs, this message is received as a judgment, which he issued about death. It remains to know what he will do, the Dreamer will make all sorts of plans, he will not be able to make a clear decision, the doctors will think that I was not mistaken, ask for a re-examination. Consultation with other specialists or other medical centers requires consultation from a loved one.

We live in the age of Information Technology, which has been developing steadily. In addition to almost all educational Institutions, Hospitals, Enterprises, the internet came into every apartment. From there, a lot of information can be reached[5]. It is likely that the patient will also use it and find the necessary information for himself. Here, students should also be careful, it is not difficult for the patient to learn the necessary information from them. When students enter what they see patients, they should not leave textbooks and teaching aids in the chambers, they should not give them to the patients they ask for.

From the Diagnostic and therapeutic methods used, the patient can also learn about their type of disease. For example, many people know that the method of light therapy is often used in malignant tumors or prescribe narcotic analgesics to relieve pain, weight loss is typical for cancer.

This means that keeping a secret in oncology is a very difficult task, but it is necessary to strive to get out of it, and after the patient has learned the secret, the doctor should also think about how to behave. As a rule, Patients with cirrhosis develop reactive neurosis or reactive psychosis. Here, of course, you will need the help of a psychologist and it is necessary to use it more efficiently. In general, workplaces for psychologists should be allocated in the scientific centers of oncology, neurosurgery, ftisiology, cardiology, surgery and Traumatology, military hospitals. It is so in almost all developed countries. Because in these centers there are many types of diseases and the number of patients.

In oncological diseases, reactive states are manifested, first of all, with the development of a restless-depressive syndrome. It can also lead to the occurrence of ipoochondria, hysteria, insomnia and

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aggressive states, or vice versa, the patient appears completely indifferent to his illness and can reach the level of complete denial of the doctor's conclusions. If the operations performed on the patient are successful, the symptoms of reactive neurosis and psychosis begin to decline on their own.

If the disease worsens the patient's condition by taking the outbreak, mental disorders can develop and various hallucinations. They are most often observed in patients with advanced cachexia and can manifest as acute manifestations, as well as with remission. In extreme cases of the disease, stupor cases are also observed.

Suppose the patient found out that she had cancer in herself and told her to the doctor. How should the doctor act in this situation? It should be noted that in some states after the detection of cancer, for example, leukemia, the disease is not hidden from the patient, he is given all the information related to the treatment and its consequences. Because it is necessary to solve not only medical problems associated with this disease, but also a number of legal problems related to family members and the place of work (for example, issues of succession). Therefore, it is necessary to decide on an individual basis to give information about the disease to patients who have already identified dangerous diseases. The should take into account the age of the patient, the role he holds in the family and society. Of course, before the patient is given information about the type of his illness, it is necessary to consult with his close family members. If the family members are against this, it is better not to open the secret.

The doctor should approve his opinion if the patient, who heard the message, denies the information, says: "I do not have a disease, I do not believe." Only in fate, when a malignant tumor is detected as a result of all Examinations, it can be told to the relatives of the patient. Because, a mistake in the diagnosis of oncological diseases can lead to severe complications and quarrels. Unfortunately, the diagnosis of "malignant tumor" is encountered in medical practice, when it turned out to be safe in recent examinations. Sometimes an error is also made in histological examinations. This means that inspections must be carried out with extreme accuracy.

There are also disadvantages to not informing the patient about the disease. For example, it is necessary to inform the parents of a planned young man or girl about the illness of her child in the near future, following all the laws of deontology and ethics. Unaware that the disease is serious, the patient may not come to treatment at the indicated time and may not take the necessary medications on time, or may go on long trips, taking harmful physiotherapeutic

procedures. It is also necessary to remember that in those professions that make money to work with this disease, that is, there are dangerous situations for the life of the pilot, train driver, driver and the like himself and others. There are a lot of such situations and they need to be taken into account by the doctor.

After the patient is informed about the disease, it is necessary to give detailed information about the benefits of its treatment. The doctor is very skillful, it is necessary to conduct a conversation with the patient, having correctly selected each sentence. It is also beneficial to give examples of patients who have been treated with this disease and have observed good results.

Reputation-a respected doctor is able to find a language even with extremely difficult oncological patients, using reliable psychological methods, and to immerse himself in them. And the opinion of the patient is aimed at fulfilling the recommendations of the doctor, there are many patients who do not abandon the recommendations of the doctor and live with hope for life, even until the last days of their life, when the condition is aggravated. To achieve such co-existence with the patient, the oncologist must be an extremely skillful psychologist.

Conclusion

In oncological hospitals, psychological help consists not only of a psychological interview, but also it is necessary to take advantage of all the opportunities that distract the mind of the patient. Carrying out various activities also reduces psychological tension. It is also useful to conduct psychological conversations, organize meetings with famous doctors, while breaking down a number of patients. In addition, the fact that patients are engaged in walks in the fresh air, Morning physical exertion, dancing and autotraing have a positive effect on their psyche. As already mentioned above, it is necessary to provide psychological support not only to the patient himself, but also to his close family members. If psychologists and oncologists do not deal with them, patients and their loved ones lose valuable time to other treatments, which are extremely necessary for proper treatment, referring to physicians and pseudo-doctors who promise to "completely get rid of cancer."

It should not be forgotten that not yet developed cocaine or drugs that completely rid the body of cancer. However, supporting modern methods of treatment, the patient can completely get rid of malignant tumors, as in the initial stage. It is necessary to conduct explanatory work on it to patients and their relatives. It is also very important in hospitals to hang scientific-popular Wall gazettes about this, to prepare small-scale brochures.

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References:

1. Cherenkov, V. G. (2010). *Klinicheskaya onkologiya*. 3-e izd. Moscow.
2. (2007). *Bol'shaya entsiklopediya Kirilla i Mefodiya*.
3. Trakhtenberg, A. K., Reshetov, I. V., & Kolbanov, K. I. (2005). *Vtorichnye zlokachestvennye opukholi grudnoy stenki/Khirurgiya grudnoy stenki*. Moscow.
4. Matveev, V. F. (1991). *Medsina psikhologiyasi, etikasi va deontologiyasi*.
5. Ibodullaev, Z. (2008). *Tibbiet psikhologiyasi*. Toshkent.
6. Mazhidov, N. M. (1998). *V.D. Profilaktik nevrologiya. Monografiya, 1996-1998*.
7. Murodkh̄zhaev, N. K., Khudoykulov, T. K., & Zh̄yraev, M. D. (2002). *Onkologiya*. Toshkent.
8. Dvoyrin, V. V., Aksel', E. M., & Trapeznikov, N. N. (1996). *Zabolevaemost' zlokachestvennymi novoobrazovaniyami i smertnost' ot nikh naseleniya stran SNG*. Moscow.
9. Napalkov, N. P. (1989). *Obshchaya onkologiya*. Leningrad.
10. (1995). *O merakh po dal'neysheму uluchsheniyu profilaktiki, ranney diagnostiki i lecheniya zlokachestvennykh novoobrazovaniy*. Prikaz MZ RUz T 631 ot 15.12.1995 g.